

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019405

**FILED  
Feb 01, 2011  
Secretary of State**

**Entity Name:** L.A.M.Z. ENTERPRISES, LLC

**Current Principal Place of Business:**

15243 MEDICI WAY  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

15243 MEDICI WAY  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 20-0448975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRESS, WAYNE M.D.  
15243 MEDICI WAY  
NAPLES, FL 34110    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PRESS, MD, WAYNE  
**Address:** 15243 MEDICI WAY  
**City-St-Zip:** NAPLES, FL 34110

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WAYNE M. D. PRESS      MGR      02/01/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date